

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 6.00: RATES OF PAYMENT FOR MENTAL HEALTH SERVICES PROVIDED
IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

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6.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 6.00 governs the rates effective September 1, 2008 to be used by all governmental units and worker's compensation insurers for outpatient mental health services provided by mental health centers and community health centers, including services provided in nursing facilities. 114.3 CMR 6.00 does not govern rates for Psychological Testing services, which are governed by 114.3 CMR 29.00: Psychological Services. In addition, 114.3 CMR 6.00 does not govern rates for other services, care and supplies provided by mental health center and community health centers to publicly-aided and industrial accident patients, including, but not limited to, psychiatric day treatment services, early intervention services, and medical services provided in community health centers.

(2) Disclaimer of Authorization of Services. 114.3 CMR 6.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 6.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

(3) Administrative Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 6.00.

(4) Authority. 114.3 CMR 6.00 is adopted pursuant to M.G.L. c. 118G and M.G.L. c.152, § 13

6.02: General Definitions

Meaning of Terms. In addition to the general definitions contained in 114.3 CMR 2.00, terms used in 114.3 CMR 6.00 shall have the meaning ascribed in 114.3 CMR 6.02.

Case Consultation. Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employees or institutions which may include the preparation of reports of the patient's psychiatric status, history, treatment or progress (other than for legal or consultative purposes) for other physicians, agencies or insurance carriers.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents under the age of 21.

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Clinical Psychologist or Psychological Associate. An individual who by training and experience meets the requirements for licensing by the Massachusetts Board of Registration of Psychologists and is duly licensed to practice psychology in the Commonwealth or who meets the requirements of education and experience in clinical psychology that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c 152.

Community Consultation and Education. Services provided by professional personnel to representatives of schools, courts, police, organizations, or agencies with the aim of problem solving and imparting knowledge in areas such as prevention, availability of resources and clinical procedures. Such consultation is distinct from case consultation in that it does not address the problems of a particular patient but rather the community at large.

Community Health Center. A clinic which provides comprehensive ambulatory services and which is not financially or physically an integral part of a hospital.

Community Mental Health Center. A clinic which provides comprehensive ambulatory mental health services and which is not financially or physically an integral part of a hospital.

Counselor. An individual who has earned a master's degree in Counseling from a recognized educational program and who also meets conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Couple Therapy. Therapeutic services provided by an authorized staff member to a couple whose primary complaint and concern is disruption of their relationship and/or family.

Diagnostic Services. A session between a client and one or more staff members who are authorized to render mental health services for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational and vocational assets and disabilities for the purpose of developing a diagnostic formulation and designing a treatment plan and procedures by a qualified staff member in order to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the Mental Measurement Yearbook or by conformity to the Standards for Educational and Psychological tests of the American Psychological Association.

Division. The Division of Health Care Finance and Policy.

Eligible Provider. A mental health center or community health center which meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services or by purchasers under M.G.L. c. 152.

Emergency Services. Services providing *immediate* face-to-face mental health evaluation, diagnosis, hospital prescreening, treatment, and arrangements for further care and assistance as required, up to 24 hours a day, seven days a week, to individuals showing sudden, incapacitating emotional stress.

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Family Consultation. A preplanned meeting of at least 1/2 hour with the parent or parents of a child who is being treated at the center when the parent or parents are not clients of the center.

Family Therapy. The treatment of more than one member of a family unit at the same time in the same session by one or more authorized staff members. At least one of the family members must be an identified patient of the clinic program.

Fiscal Year. The twelve month period beginning July 1 and ending on June 30.

Governmental Unit. The Commonwealth of Massachusetts, or any of its departments, agencies, boards, commissions or political subdivisions.

Group Therapy. A treatment session conducted by one or more authorized staff members for the application of psychotherapeutic or counseling techniques to a group of people, most of whom are not related by blood, marriage, or legal guardianship. The group shall not include more than ten publicly-aided individuals.

Individual Consideration. Payment rates to eligible providers for services authorized in accordance with 114.3 CMR 6.03(2), but not listed herein, or authorized services performed in exceptional circumstances shall be determined on an Individual Consideration basis by the governmental unit or purchaser under M.G.L. c. 152 upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized Individual Consideration procedures shall be in accordance with the following criteria:

- (a) Time required to perform the service;
- (b) Degree of skill required for service rendered;
- (c) Severity and/or complexity of the client's disorder or disability;
- (d) Policies, procedures, and practices of other third party purchasers of care;
- (e) Such other standards and criteria as may be adopted from time to time by the Division pursuant to 114.3 CMR 6.03(4).

Individual Therapy. A therapeutic meeting between a patient alone and one or more authorized staff members to help ameliorate emotional problems, conflicts, and disturbances.

Medication Visit (Aftercare). A recipient visit to the center specifically for prescription, review, and monitoring of medication by a psychiatrist, or administration of prescribed intramuscular medication by qualified personnel.

Multiple-Family Group Therapy. The treatment of more than one family unit at the same time in the same session by one or more authorized staff members. There is more than one family member present per family unit and at least one of the family members per family unit must be an identified patient of the clinic program.

Occupational Therapist. An individual who is registered with the American Occupational Therapy Association and who also meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

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Psychiatric Nurse. An individual who is currently registered by the Massachusetts Board of Registration in Nursing and who has earned a master's degree from an accredited graduate school of psychiatric nursing or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatric Social Worker. An individual who has earned a Master's degree from an accredited graduate school of social work or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatrist. An M.D. who is registered in Massachusetts and who is certified or eligible for certification by the American Board of Psychiatry and Neurology or who meets such conditions of participation as have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in the whole or in part liable under a statutory program.

Reevaluation: A session between a client and one or more staff members who are authorized to render mental health services for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational and vocational assets and disabilities for the purpose of reevaluating the diagnostic formulation, treatment plan and procedures in order to assess aspects of an individual's functioning.

Staff Member Authorized to Render Billable Mental Health Services. An individual who provides the services referred to in 114.3 CMR 6.00 under the auspices of an eligible provider and meets the qualifications of any of the following professions: Psychiatric Social Worker, Psychiatric Nurse, Counselor or Occupational Therapist. This also includes staff members meeting the qualifications which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

State-Operated Community Mental Health Center. A community mental health center operated by the Commonwealth, which is not financially or physically an integral part of a hospital.

6.03: Rate Provisions

(1) Rates as Full Compensation. The rates under 114.3 CMR 6.00 shall constitute full compensation for mental health services provided by community health centers and mental health centers to publicly-aided and industrial accident patients, including full compensation for necessary administration and professional supervision associated with patient care.

(2) Rates of Payment. Except as otherwise provided in 114.3 CMR 6.03(4)(c), payment rates under 114.3 CMR 6.00 shall be the lower of:

(a) the Eligible Provider's usual charge to the general public; or

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(b) the schedule of allowable rates for services provided by mental health centers and community health centers as set forth in 114.3 CMR 6.03(4)(a).

(3) Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of 21. Eligible clinicians who complete the CANS for a MassHealth child or adolescent under the age of 21 during a psychiatric diagnostic interview examination must use procedure code 90801 accompanied by a modifier HA to bill for the service.

(4) Fee Schedule. Rates for community health centers and mental health centers.

(a) The payment rates for mental health services provided by mental health centers and community health centers are as follows:

<i>Service Code</i>	<i>Allowable Rate</i>	<i>Service Description</i>
90801	\$85.83 per hour	<u>Diagnostic Services:</u> Psychiatric diagnostic interview examination
90801-HA	\$100.85 per hour	Psychiatric diagnostic interview examination (for MassHealth children and adolescents under the age of 21 using the CANS)
90862	\$40.91 per visit of 15-20 minutes	<u>Medication Visit:</u> Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy
90804	\$34.84 per one-half hour	<u>Individual Therapy:</u> Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90806	\$69.68 per hour	Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an office or outpatient facility approximately 45 to 50 minutes face-to-face with the patient
90847	\$34.84 per one-half hour	<u>Couple/Family Therapy:</u> Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	\$8.36 per person per one-half hour session not to exceed 10 publicly- aided clients	<u>Group Therapy:</u> Group psychotherapy (other than multiple- family group)
90849	\$8.36 per person per one-half hour session not to exceed 10 publicly- aided clients	<u>Multiple-Family Group Therapy</u> Multiple-family group psychotherapy
90882	\$36.61 per one-half hour	<u>Case Consultation:</u> Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions
90889	\$36.61	Preparation of report of patient's psychiatric status,

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<i>Service Code</i>	<i>Allowable Rate</i>	<i>Service Description</i>
	per one-half hour	history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
H2011	\$21.28	<u>Emergency Services:</u> Crisis intervention services, per 15 minutes (eight units maximum per date of service)
90887	\$35.85 per one-half hour	<u>Family Consultation</u> Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
	\$45.47 per hour	<u>Community Consultation and Education</u>
	\$85.83 per hour	<u>Reevaluation</u>
	Rates as indicated in 114.3 CMR 6.01(2)	<u>Psychological Testing</u>

(b) The payment rates for mental health services provided by a Mental Health Center in a nursing facility are as follows:

<i>Service Code</i>	<i>Allowable Rate</i>	<i>Service Description</i>
90801	\$85.83 per hour	Psychiatric diagnostic interview examination (including residential care setting)
90862	\$40.91 per visit of 15-20 minutes	Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy (includes residential care setting)
90816	\$34.84 per 20-30 minutes	Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient
90818	\$69.68 per 45-50 minutes	Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45-50 minutes face-to-face with the patient
90847	\$34.84 per 20-30 minutes	Family psychotherapy (conjoint psychotherapy) (with patient present) (includes residential care setting)
90853	\$8.36 per person per one-half hour session not to exceed 10 publicly-aided clients	Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (three units maximum per session) (includes residential care setting)

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<i>Service Code</i>	<i>Allowable Rate</i>	<i>Service Description</i>
90849	\$8.36 per person per one-half hour session not to exceed 10 publicly-aided clients	Multiple-family group psychotherapy (includes residential care setting)
90882	\$36.61 per one-half hour	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, institutions (each 30 minute unit, two units maximum per session) (includes residential care setting)
H2011	\$21.28	Crisis intervention services, per 15 minutes (eight units maximum per date of service) (includes residential care setting)
90887	\$35.85 per one-half hour	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes residential care setting)

(c) Rates for state-operated community mental health centers. A state-operated community mental health center will be paid at rates based on that center's reasonable cost of providing covered services to eligible MassHealth members.

1. Rates effective September 1, 2008. Rates for services provided effective September 1, 2008 will be calculated as follows:

a. Initial Payments. Initial payments will be made at the rates established by 114.3 CMR 6.03(4)(a).

b. Preliminary Reconciliation. There will be a preliminary reconciliation for each state-operated community mental health center based on the difference between the Initial Payments and payments based on rates calculated using the center's preliminary projected FY2009 reasonable costs. In order to determine the preliminary projected FY2009 reasonable costs, the Division will review costs reported in the FY2008 Uniform Financial Report (UFR) by each state-operated community mental health center, and apply a cost adjustment factor (CAF) based on the Massachusetts Consumer Price Index.

c. Final Reconciliation. There will be a final reconciliation for each state-operated community mental health center based on the difference between total payments pursuant to the Preliminary Reconciliation and payments based on rates calculated using the center's reported reasonable costs for the rate period. In order to determine the reported reasonable costs, the Division will review costs reported in the FY2009 UFR by each state-operated community mental health center.

2. Rates effective July 1, 2009. Payments for services provided effective July 1, 2009 will be determined as follows:

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a. Initial Payments. Initial payments will be based on rates calculated by applying a cost adjustment factor to the reasonable costs reported by each center in its most recently submitted UFR.

b. Final Reconciliation. For each fiscal year beginning July 1, 2009, there will be a final reconciliation for each state-operated community mental health center based on the difference between the Initial Payments and payments based on rates calculated using the center's final reasonable costs for that fiscal year. In order to determine the final reasonable costs, the Division will review the costs reported in each center's UFR submitted for that fiscal year.

(5) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list:

- (a) codes for which the code numbers only changed, with the corresponding cross-walk;
- (b) codes for which the code number remains the same but the description has changed;
- (c) deleted codes for which there is no cross-walk. In addition, for entirely new codes which require new pricing, the Division will list these codes and apply Individual Consideration in reimbursing these new codes until rates are established.

(6) Billing. Each clinic shall bill the governmental unit according to the appropriate fee schedule on a prescribed form. Each specific service must be separately enumerated on the bill.

6.04: Reporting Requirements and Sanctions

(1) Annual Reports. Each Eligible Providers must file an annual, and complete Uniform Financial Report in accordance with the filing requirements of the Operational Services Division as specified in its Audit and Preparation Manual.

(a) Community Health Centers that are Eligible Providers must file a complete and accurate Community Health Center Cost Schedules within the UFR, making the required allocations for mental health costs and services.

(b) Additional Information. Eligible Providers must file such additional information as the Division may from time to time reasonably require.

(2) Failure to File Required Reports. The Division may reduce an Eligible Provider's payment rate if the Provider fails to submit accurate and timely information as required above. The Division may reduce the Provider's rate by 5% per month of non-compliance, not to exceed 50%. If the Provider has not filed the required data at such time as the Division adopts revised payment rates that are higher than the penalty-adjusted current rates, the Provider's rates will not be increased. If the revised rates are lower than the penalty-adjusted current rates, the revised rate will become effective and subject to further penalty for non-compliance. The Division may also notify the governmental

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purchasing agency of the Provider's failure to submit required data and request that the
Provider be removed from the purchasing agency's list of Eligible Providers.

(3) Mergers, Acquisitions, Other Transfers. A provider involved in a merger, buy out,
acquisition, purchase, pooling of interest or other arrangement involving the transfer of
business will be treated as a single provider for the purposes of 114.3 CMR 6.04. All
compliance liabilities of the transferor shall be the responsibility of the transferee.

6.05: Severability of the Provisions of 114.3 CMR 6.00

The provisions of 114.3 CMR 6.00 is severable, and if any provision of 114.3 CMR 6.00 or
application of such provision to any mental health center or community health center or any
circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be
construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR
6.00 or application of such provisions to mental health centers or community health centers or
circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 6.00: M.G.L. c. 118G and M.G.L.c.152 § 13.